

*From the Author*

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## REMARKS

ON THE

# STATE MEDICINE QUALIFICATION.

READ IN THE SECTION OF PUBLIC MEDICINE AT THE MEETING OF  
THE BRITISH MEDICAL ASSOCIATION, AUGUST 1873.



HENRY W. RUMSEY, M.D.

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1873.



[From the BRITISH MEDICAL JOURNAL.]

*Several errata in the Journal  
copy are corrected. Hereinafter*

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## THE STATE MEDICINE QUALIFICATION.

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By HENRY W. RUMSEY, M.D., Cheltenham.

Now that the University of Dublin has not only instituted a diploma in State Medicine, but also granted it to some accomplished and distinguished scholars, while the older English universities—Cambridge notably—have recommended the like addition to their degrees, it is obvious that this question, so long a matter of speculation and inquiry, is at last fairly landed on the firm ground of experiment.

A very recent notice of motion in the Council of the English College of Surgeons shows that our corporate bodies have begun to recognize the necessity of a qualification, which cannot reasonably or safely be included in their ordinary licenses.

It seems, therefore, that the British Medical Association, in its Public Medicine Section, is bound to take this important matter fairly into consideration; and, after the prolonged and thorough inquiry made by the General Medical Council in 1868, 1869, and 1870, the subject can hardly be considered foreign to our objects and deliberations.

This section may not be fully aware of the steps already taken, and the resolutions passed by the General Medical Council on this question, or even know that the proceedings of that Council



originated in the following memorial presented to it by our own State Medicine Committee.

That, whereas there is at the present time no sufficient guarantee for the general competency or the special qualification of medical men appointed as medical officers of health, and employed as medical jurists; no recognised plan for conducting their education; nor any examining body for regulating the standard, and testing the sufficiency of their acquirements; the members of this Committee earnestly urge upon the General Medical Council, to consider at their next meeting the special qualifications required for such medical officers of health, and the mode in which they should be trained and licensed for the discharge of their varied and important duties.

(Signed)  
April 23rd, 1868.

A. T. H. WATERS, *Chairman*.  
A. P. STEWART, *Secretary*.

The subject of this memorial was brought before the Council by Dr. Acland and Dr. Stokes, and it was agreed:

That a Committee be appointed to report on the steps proper to be taken, if any, for granting diplomas or certificates of proficiency in State Medicine, and for recording the same in the *Medical Register*, due regard being had to the interests of existing health officers in the several parts of the kingdom.

*Committee*.—Dr. Acland (Chairman), Dr. Paget, Dr. Thomson, Dr. A. Smith, Dr. Christison, Dr. Stokes, Dr. Parkes, Dr. Rumsey.

This Committee, under Dr. Acland's able presidency, held several meetings in the same session.

Under the term "State Medicine" they included Legal Medicine or Medical Jurisprudence, and Preventive Medicine or Public Hygiene. And they resolved unanimously that it was desirable that special certificates or diplomas should be granted for knowledge of State Medicine; that the proposed qualification should not be compulsory on all registered practitioners; that no one should be allowed to register a qualification in State Medicine unless he had previously obtained a qualification entitling him to be on the *Medical Register*; and that the possessor of the proposed certificate or diploma should be entitled to register it as an additional qualification.

With regard to details, the Committee postponed any further discussion, and reported:

That, having carefully considered the resolution of the Council, by which the Committee was appointed on June 27th, 1868, they have decided, with a view to presenting a more complete report at the next session of the Council, on taking evidence from various persons having special knowledge of the subjects referred to the Committee.

In the next session (1869) the Committee presented their very important Second Report, with the letter and questions which

they had sent to more than seventy eminent persons in this and other European States, and with an appendix containing the valuable and interesting replies received from thirty-five of those noblemen and gentlemen. The report and appendix were published in a separate pamphlet, which has been widely circulated.

The only sentence in that report which I need now quote is the following.

The Committee are unanimously of opinion that the evidence submitted in these documents, warrants, and indeed demands, that the Council should insert the requisite clauses for providing a qualification in State Medicine in any amended Bill which may hereafter be prepared for Parliament.

After a protracted discussion, the Council came to the following resolution :—

That, in any amended Medical Bill which may be prepared for Parliament by the Council, it is desirable that the requisite permissive clauses for registering a qualification in State Medicine be inserted, in addition to any of the qualifications sanctioned by the Medical Act.

It was referred to the Executive Committee to consider with Mr. Ouvry, the Solicitor to the Council, the foregoing resolution, and to take the steps necessary for carrying it into effect.

The Committee was reappointed, and the report and appendix, with the resolutions of Council, were circulated among the Licensing Bodies for their opinions.

In the session of 1870, the Committee presented a Third Report, which conveyed a general notion of the Observations received from the universities of England and from certain corporations,\* and announced that the University of Dublin had resolved on creating immediately this qualification. It is right to mention that the replies from all these bodies, with one exception, were strongly in favour of the proposed new qualification, and of its being inserted in the *Medical Register*. They also contain some useful suggestions as to the method of carrying this principle into effect. The Committee at the same time presented certain clauses prepared by Mr. Ouvry, for insertion in the Medical Acts Amendment Bill, and indicated the changes which they deemed desirable in those draft clauses.

A very animated discussion, adjourned to a second day, took place in the Council on the report and the proposed clauses.

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\* These Observations are to be seen in the Appendix to the Minutes of the Council, vol. viii, p. 75.

An amendment hostile to the report, and manifesting singular ignorance of the legal facts and bearings of the case, was defeated by a very large majority. The Committee, perhaps wisely, did not pursue their victory; and there can be no doubt that, since that time, the Council has flagged in attention to the subject, for it was scarcely alluded to in the sessions of 1871 and 1872. It is satisfactory, however, to know that my much valued friend, Dr. Stokes, succeeded during the session of this year in carrying a motion strongly confirmatory, and, indeed, in advance, of the resolution adopted by the Council in 1869. The main resolution, moved by Dr. Stokes and seconded by Mr. Quain, was as follows:—

That it is expedient that, under any future legislation, power should be granted to the Council to register a Qualification in State Medicine, after such qualification has been granted according to regulations approved by the General Medical Council.

State Medicine, therefore, now stands prominently forward among the items for inclusion in any Medical Acts Amendment Bill. It has more than once been submitted to the Privy Council for that purpose. The Lord President of the Council has repeatedly and plainly intimated that no future measure of medical reform would be likely to obtain the support of Government which does not cover all the ground of proposed legislation. I do not see, therefore, how we can avoid some decision on the question, and the preparation of some measure for another Session.

After the reading of this paper, I believe it will be proposed to appoint a Committee to consider certain clauses relating to the State Medicine qualification; and I mean to lay before that Committee the proceedings and reports of the State Medicine Committee of the General Medical Council. In the meantime, I beg to call attention to some considerations bearing alike on the principles and on the details of the measure which I may recommend for your adoption; and in so doing I may touch on questions affecting the general course of medical education.

1. The promoters of the State Medicine Qualification assert that a higher and more special standard of attainments is necessary for many public medical offices than has been or can be, with due regard to the exigencies of the community, required of all who enter the profession; and that it would be a hopeless fallacy to endeavour to include such higher and more special



qualification within the minimum now imposed on all who are inscribed on the *Register*.

The necessity for such special acquirements becomes the more pressing now that under the Public Health Act of 1872 many important preventive duties requiring an advanced knowledge of the science of Public Health are committed to officers appointed by local authorities of all kinds, quite incapable of themselves to judge of the comparative fitness of candidates for office. The guarantee afforded by a special examination and certificate would be of particular value to these authorities, if it did no more than relieve them from suspicion of unworthy motives in their selection of officers.

The defects of medical evidence in courts of law, and the imperfect knowledge evinced by many who sign certificates of insanity, or who take part in official inquiries respecting life, health, disease, incompetency, or injury, have been long felt and acknowledged in this country. These deficiencies ought also to be supplied by those who may hold the proposed special qualification.

You will see that the propriety of a distinction between the common qualification for practice and the special qualification for office, was from the first recognized by the State Medicine Committee of the Medical Council.

Even were it possible, by any ingenious alteration of the present curriculum, to cram into it more subjects than any student ought to be required to master at the age of twenty-one, few practical men could doubt that some of his acquirements must be merely theoretical and very superficial—far inferior, probably, to the real and substantial qualification, which the practitioner who diligently observes disease among the poorer classes, studying its causes and methods of diffusion, may obtain after some years of private study and official experience. But although a practitioner may and does often become an excellent health-officer by self-education, it by no means follows that a normal standard of qualification may be safely dispensed with in a great public organization. If it might—to be logically consistent—there need be no examination imposed by law as a test of ordinary qualification for a medical licence; for it will not be denied that, previously to any compulsory examination for general practice—*e.g.*, before the Apothecaries' Act of 1815—there were many very able practitioners in the kingdom

whose education had been voluntary and self-imposed. Whatever arguments, therefore, apply to the establishment of a minimum qualification for licence to practise, apply also, *mutatis mutandis*, to the institution of a special and adequate qualification for holding office and for the exercise of public medical duties.

A State Medicine qualification established by Act of Parliament, must also, I submit, be in the nature of a *minimum*—that is, it must not exact more extensive and profound knowledge than ought to be possessed by every public medical officer—*e.g.*, by every Union Surgeon. And it would be both unnecessary and inexpedient that it should in any manner interfere with those still higher diplomas in State Medicine which the Universities or the Colleges, following the example of Dublin, may confer on their graduates or Fellows, and which will always be objects of ambition to the more advanced and accomplished medical students. The possession of the highest diplomas in State Medicine would, of course, supersede the necessity of acquiring the proposed *minimum* qualification for office.

2. In order to obtain the ordinary State Medicine qualification for which we ask some legislative sanction, the general opinion has been that a further period of preparation is essential, and the weight of evidence is in favour of an additional two years. Now, those who wish to force a State Medicine qualification upon every practitioner, are obliged to admit that it is inexpedient to lengthen the period of general medical education, or to prevent the licentiate from registering at the age of twenty-one. It has therefore been suggested that studies qualifying for the exercise of legal and preventive medicine might take the place of other requirements now included in the regular four years' curriculum.

For instance, it has been proposed to relegate the Natural Sciences, fundamental to medicine, wholly to the preliminary education during the schoolboy period of life. Such a regulation, I need hardly say, would involve a change of grave importance in our higher school education; a change which means the possible banishment of mathematics and classics—Greek especially—from the preliminary education, or, at least, their complete subordination to the physical sciences. The young doctor would, in that case, enter on his career with lower literary attainments than are claimed by the other learned professions.



The Law, the Church, the Public Departments, might therefore naturally stigmatize the medical profession as not requiring those elements of a liberal education which hitherto have given to their possessors a certain social status. For myself, I may be allowed to say that, when I had the honour of a seat in the Medical Council, I invariably supported the inclusion of Greek in the preliminary education ; and I cannot now consistently be a party to its exclusion for the sake of studies which, I am sure, will be far more advantageously pursued after the completion of a good old school education. I deprecate the abandonment of a mental training in what the universities call "Arts," the loss of which entails unforeseen consequences. In the words of an eminent Oxford teacher :

We have had experience of the merits and demerits of a system of education with a classical or "arts" basis ; but we have never had experience of what new theories mean ; a scientific education, in which the classical preliminary is optional. Then, when we have, let future generations lament over the loss of texture, fibre, taste, mental gymnastic, which the popularly educated mind may show. Not until the banishment of "Arts" shall become general, will the decadence be felt, after many days, when the *barbaries* which will ensue, may be ill compensated by dexterity, acquisitive power, specific adroitness. What will a man be whose Philosophy is of modern training only, and whose sense of the elder founts of thought has been fed by lame second-hand fragmentary tradition ? What is that man's home-knowledge of the very language of science, who has no real acquaintance with the living antiquity, in which exists the spring and source of half his borrowed implements ? What ! Is the main fundamental idea of the education of statesmen, priests, lawyers, one thing, and that of scientific men, another ? Whence this hard and fast line—artificial, unphilosophical, and, happily, as yet untried in practice ?

I agree, however, with my accomplished correspondent, that "the Arts curriculum may well be intensified, condensed, and reduced in average duration"; and I am quite in favour of the admission of the natural sciences, optionally at least, into school education. But I ask you calmly to consider this question : When we have abandoned the tried, and comparatively successful, means of bringing our profession up to the literary and social level of the other learned professions, what shall we have to show at the age of twenty-one, but a mass of well-crammed students, with a vast array of figures, facts, and names in their heads, or, at least, on their tongues, yet without the trained powers of mind which regulate thought and observation, and give real force to effort and expression ; and, what is worse, without sufficient experience of life, a qualification of far greater importance for official

employment than any merely nominal qualification based on scientific attainments?

On these grounds partly, therefore, do we ask for two more years beyond twenty-one, towards the formation of the official character. As a curate is not held to be fit for a parochial charge until twenty-three years of age, and as, very wisely, no medical man in Ireland is allowed to undertake a dispensary district until the same age, we cannot be fairly accused of extravagance in demanding an equal period of training for the Public Medical Service in England. All we require further is, that the additional two years shall be properly employed in such practical work and special study as may prove of the greatest utility in preparation for the duties of a public officer.

In short, to require the inclusion of all subjects of Public Medicine in the *minimum* qualification for admission to the Register, is fallacious, impracticable, and impolitic: *fallacious*, as leading to pretensions which cannot possibly be realized by all, or even most, medical tyros at the age of twenty-one; *impracticable*, not merely as requiring more than can be fairly accomplished by the average student, but also as diminishing—injuriously to the community—the number admitted into the profession; and, therefore, *impolitic*, as leaving the medical treatment of the humbler classes of society more and more in the hands of pharmacists and other unqualified practitioners.

3. Now it is to be observed that the Medical Act of 1858, and all the schemes for its amendment hitherto proposed, regulate only the primary qualification for entry into the profession. If the simple licence thus obtained does not, and, as I have shown, ought not to, pretend to comprehend complete qualification for official duties, the higher qualification must be an after-grant. And so it now is for medical officers in the Army and Navy. These departments of the public service secure and test the possession of adequate knowledge, by examinations conducted by their respective Medical Boards, after the candidates have obtained the common legal qualification, and have extended their studies to special subjects (hygiene, for instance) which may not be included in the pass examinations for admission to the *Medical Register*.

We ask that a like security for efficiency in public medical and sanitary duties shall be afforded to civil administrative bodies, and to the masses under their control, as paupers, prisoners,

insane persons, labourers in public works, factories, and mines, and merchant seamen. We see no reason why fighting men should monopolize a superior machinery for health-preservation and restoration, while other public *employés* and dependents are left to a confessedly inferior machinery.

4. Once more. Under the operation of the Medical Act of 1858, and in conformity with the regulations of most of the licensing bodies, the minimum age for inscription on the *Medical Register* is twenty-one. But that Act, by not recognizing the necessity of distinguishing the primary qualification for license to practise from the special qualification for official employment, has had the injurious effect, as I once showed to the Medical Council, of virtually lowering the qualification for public duties, and of rendering it absolutely inferior to that required of medical officers of the Royal Navy and Army. No candid and reasonable man questions the fact that the examinations for the War Services, and the publication of their results, have had a most beneficial effect upon the final examinations of the licensing bodies; and, indirectly, have done at least as much to raise the standard of qualification for the entire profession as any step taken by the Medical Council.

The same beneficial effect will be yet more extensively produced by the institution of a second and special examination for the Civil Medical Service.

5. Having already admitted the importance of allowing young men to become legally qualified and registered at as early an age as possible, so that they may soon act either as qualified assistants in practice, or as qualified subalterns in public institutions, or otherwise under the control of more experienced practitioners, I maintain that the creation and registration of a higher qualification for public appointments in no way militates against the main object, either of the Medical Act, or of any proposed amendment of that Act. But if the qualification thus created is to be registered under legislative authority, as we desire, let me ask—Should this registration be extended to a variety of diplomas granted by as many licensing bodies as may obtain legal powers to confer them? Surely, an Association which has pronounced so definitely against leaving the general *minimum* qualification for licence to practise in the hands of nineteen licensing bodies, could not consistently assert the propriety of empowering the same nineteen bodies to com-

pete for a reduction in the standard of qualification in State Medicine—a matter, by the bye, not within the original scope of the corporations, and foreign to their primary objects.

If a legal qualification in State Medicine is to be practically worth anything, it must be of uniform standard, and of equal value, throughout the kingdom. And I know not how this result is to be attained, except by authorizing the General Medical Council to frame the machinery and regulations under which the *minimum* official qualification is to be granted.

The Medical Council must, in fact, be required to institute (not, indeed, a competitive examination for vacant appointments, but) a Qualifying Examination in State Medicine. And to be effectual, this qualification, or its equivalent, must be compulsory upon all future holders of appointments in the Civil Medical Service. For to allow some local authorities to dispense with a condition which is made imperative upon others, would be obviously unjust, both to the gentlemen who had been at the trouble of acquiring the diploma, and to the qualification itself. If Parliament be asked to provide for the registration of such a diploma, it must be under consistent and comprehensive regulations, or matters had better remain as they are.

6. But there may still be some to reply, that Parliament need not interfere, and that administrative authorities, whether central or local, may be trusted to make the best possible arrangements, and to select well qualified officers, although not possessing a special diploma. How, then, I would again ask, are these authorities to decide upon the comparative merits of candidates? Are they to depend on their own intuitive perceptions of competency? Or are private testimonials, or recommendations from non-professional persons and bodies, to be relied on? I confess that, having been often asked for testimonials of the kind, I have occasionally complied with the request, when my knowledge of the candidate seemed to justify the grant. But I solemnly declare my belief, that testimonials thus obtained rarely deserve consideration; and depending, as they do, on mere personal or private opinion, they are worth next to nothing as a protection to the public. The testimonial system is a farce! Administrative authorities, as at present constituted, are really not to be trusted to select the best men for office, unless candidates are required to produce a legal qualification in State Medicine—or what, as I admit, is equivalent thereto.



I have now endeavoured to dispose of objections, some of them almost quibbles, which have been, or may be, raised against this measure ; and I now conclude by briefly describing the clauses which I hope to submit to a Committee.

The first is a clause defining State Medicine in the sense of the Bill. The debates in the Medical Council on Mr. Ouvry's definition, and the amendments then proposed, show that this is not so simple a matter as some might suppose. A brief and clear definition is, however, necessary ; and difficulties vanish when faced by hearty determination.

The second is a clause empowering and requiring the General Medical Council to prepare a scheme for a Board of Examiners in State Medicine ; the scheme to specify the duties of the Board, the subjects of examination, the forms of diploma or certificate, the fees to be paid by candidates, the application of monies received, the place and times of holding the examinations, and, to some extent, the courses of study and preparatory work.

The third is a clause empowering the Privy Council to *veto* the scheme or to amend it, and to prepare a scheme in case of non-feasance by the Medical Council.

The fourth empowers the Medical Council to appoint the examiners, subject to the approval of the Privy Council.

The fifth provides that no person be admitted to examination in State Medicine until two years (at least) after the date of his registration, or after the time at which he became qualified to register.

The sixth clause names the several offices created by Act of Parliament, for which the diploma of this Board will be required, exempting the following persons from such requirement :

- a.* Medical officers of the Army and Navy ;
- b.* Diplomates in State Medicine, being M.D.s of any university of the United Kingdom ;
- c.* Members of any College of Physicians, or Fellows (by examination) of any College of Surgeons in the United Kingdom, being twenty-five years of age, who shall hold a qualification in State Medicine, granted by any one of those Colleges, and approved by the General Medical Council ;
- d.* All who at present hold any of the specified offices, or who may be appointed thereto within a period to be named in this Bill.



The proposed enactment would, therefore, apply only to future appointments, and would fully protect existing rights. The full benefit of the reform would thus be only gradually felt; while the experience already gained, or in course of being gained, by those in office, would in the meantime be, as far as possible, utilized for the public benefit.

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After a discussion on the subject of the foregoing paper in the Public Medicine Section of the Association (reported in the *BRITISH MEDICAL JOURNAL*, p. 263), the following resolution was passed by a very large majority, only eight voting for a hostile amendment.

"That this Section recommends the appointment of a Committee to consider the best means of providing an adequate Qualification in State Medicine for all public medical officers."

At the concluding General Meeting of the Association (reported in the *BRITISH MEDICAL JOURNAL*, p. 198), the following resolution was carried *nem. con.*

"That the recommendation of the Public Medicine Section be approved and carried into effect; and that the following gentlemen be the Committee on the Qualification in State Medicine."

Donald Dalrymple, F.R.C.S., M.P.; Professor E. A. Parkes, M.D., F.R.S.; T. P. Hcslop (Birmingham), M.D., F.R.C.P.; Arthur Ransome (Manchester), M.D.; W. H. Michael, Barrister-at-Law, F.C.S., *formerly Health-Officer at Swansea*; A. P. Stewart, M.D., F.R.C.P.; H. W. Rumsey, M.D., F.R.C.S.; J. T. Arlidge, M.D., F.R.C.P.; G. W. Hastings, LL.D., Barrister-at-Law; T. E. Anstie, M.D., F.R.C.P.; Ernest Hart, Esq.; Robert Ccely, F.R.C.S., *Health-Officer at Aylesbury*; R. Macdonnell (Dublin), M.D., F.R.C.S.; J. W. Tripe, M.D., *Health-Officer at Hackney*, Hon. Secretary; with power to add to their number.

This Committee has since proposed to add to their number: John Liddle, M.R.C.S., *Health-Officer at Whitechapel*; T. W. Grimshaw (Dublin), M.D., F.K.Q.C.P.; Professor W. T. Gairdner, M.D., F.R.C.P., *late Health-Officer at Glasgow*; Professor Corfield (London), M.D., *Health-Officer at St. George's, Hanover Square*; J. W. Moore (Dublin), M.D., Dipl. S.M.; T. J. Dyke, F.R.C.S., *Health-Officer at Merthyr-Tydfil*; F. T. Bond, M.D., *Health-Officer in Gloucestershire*; W. S. Trench, M.D., *Health-Officer at Liverpool*; Robert Elliot, M.D., *Health-Officer at Carlisle*; M. W. Taylor, M.D. (Penrith).

The Committee is about to select a small Subcommittee to prepare documents for circulation among members of the Committee. All communications are to be addressed to Dr. Tripe, 172, Richmond Road, Hackney, London, E.